

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Petroff

3. Date  
08-January-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

M14-2062

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Petroff has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Rupert

2. Surname (Last Name)  
Bauersachs

3. Date  
08-January-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)  
M14-2062

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Leo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker bureau
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker bureau, Advisory board

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
LEO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker bureau, Advisory board
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker bureau, Advisory board

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi-Aventis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker bureau, Advisory board

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Dr. Bauersachs reports personal fees from Leo, personal fees from Pfizer, during the conduct of the study; personal fees from LEO, personal fees from Pfizer, personal fees from Sanofi-Aventis, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Schenk

3. Date  
08-January-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme"

6. Manuscript Identifying Number (if you know it)  
M14-2602

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Dr. Schenk has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nina

2. Surname (Last Name)

Rogenhofer

3. Date

08-January-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

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### Section 1. Identifying Information

1. Given Name (First Name) Thorsten	2. Surname (Last Name) Fischer	3. Date 2015-8.-1.
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ekkehard Schleussner
5. Manuscript Title Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme		
6. Manuscript Identifying Number (if you know it) M14-2062		

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) EKKEHARD

2. Surname (Last Name) SCHLEUSSNER

3. Date 15-January-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)  
M14-2062

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Pharma GmbH Germany	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted research grant
Merck Selbstmedikation GmbH Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	providing of multivitamin femibion free of charge

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. SCHLEUSSNER reports grants from Pfizer Pharma GmbH Germany, non-financial support from Merck Selbstmedikation GmbH Germany, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bettina

2. Surname (Last Name)  
Toth

3. Date  
09-January-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Petroff David

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)  
M14-2062

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer (company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	institution: payment for data monitoring

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Toth reports other from Pfizer (company), during the conduct of the study; .

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael K.

2. Surname (Last Name)  
Bohlmann

3. Date  
01-September-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unrestricted grant, used for data monitoring fee

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Bohlmann reports other from Pfizer, during the conduct of the study; .

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Oana	2. Surname (Last Name) Brosteanu	3. Date 14-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr David Petroff
5. Manuscript Title Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme		
6. Manuscript Identifying Number (if you know it) M14-2062		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Brosteanu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Melanie

2. Surname (Last Name)

Henes

3. Date

03-March-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

M14-2062

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Henes has nothing to disclose.

### Evaluation and Feedback

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gregor	2. Surname (Last Name) Seliger	3. Date 02-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Petroff
5. Manuscript Title Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme.		
6. Manuscript Identifying Number (if you know it) M14-2062		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gregor Seliger has nothing to disclose.

  
**Dr. med. Gregor Seliger**  
 Ltd. Oberarzt der Klinik und Poliklinik  
 für Geburtshilfe und Pränatalmedizin  
 Universitätsklinikum Halle (Saale)  
 Ernst-Grube-Straße 40, 06120 Halle  
 Tel.: 0345 557-3921

2.3.2015

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Susanne	2. Surname (Last Name) Ebner	3. Date 06-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Petroff
5. Manuscript Title Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme		
6. Manuscript Identifying Number (if you know it) M14-2062		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Ebner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gabriele

2. Surname (Last Name)  
Kamin

3. Date  
03-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kamin has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Petra

2. Surname (Last Name)  
Beuter-Winkler

3. Date  
06-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss; a controlled, multi-centre trial with a minimization randomization scheme.

6. Manuscript Identifying Number (if you know it)  
M 14-2062

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Dr. Beuter-Winkler has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Andreas

2. Surname (Last Name)  
Brückmann

3. Date  
03-March-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Heparin for Women with Unexplained Recurrent Pregnancy Loss: Results of the randomized, controlled, multi-centre ETHIGII trail.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Joachim

2. Surname (Last Name)  
Dudenhausen

3. Date  
02-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss

6. Manuscript Identifying Number (if you know it)  
M14-2062

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Dudenhausen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susanne

2. Surname (Last Name)  
Grüssner

3. Date  
08-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title

Low -Molecular-Weight Heparin for Women with unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Prof. Dr. S. Grüssner has nothing to disclose

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ruth

2. Surname (Last Name)  
Illing

3. Date  
06-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

M14-2062

### Section 2. The Work Under Consideration for Publication

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Dr. Illing has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bettina

2. Surname (Last Name)  
Kemkes-Matthes

3. Date  
09-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr. David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kemkes-Matthes has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Lachmann

3. Date  
03-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lachmann has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Barbara

2. Surname (Last Name)  
Lawrenz

3. Date  
05-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

M14-2062

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Are there any relevant conflicts of interest?  Yes  No

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Lawrenz has nothing to disclose.

### Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Petra

2. Surname (Last Name)  
Neuhaus

3. Date  
03-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)  
M14-2062

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Neuhaus has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Katharina

2. Surname (Last Name)

Nitzsche

3. Date

03-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carrie

2. Surname (Last Name)  
Scheler

3. Date  
04-March-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Lwow-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Scheler has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sven

2. Surname (Last Name)

Seeger

3. Date

03-March-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David Petroff

5. Manuscript Title

Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

 Yes No

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 Yes No

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Dr. Seeger has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christin

2. Surname (Last Name)  
Seeliger

3. Date  
06-March-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title

"Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme."

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christian

2. Surname (Last Name)  
Thaler

3. Date  
12-March-1958

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Petroff

5. Manuscript Title  
Low-Molecular-Weight Heparin for Women with Unexplained Recurrent Pregnancy Loss: a controlled, multi-centre trial with a minimization randomization scheme

6. Manuscript Identifying Number (if you know it)  
M14-2062,

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No





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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Thaler has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.